

Nursing Experience of Auricular Massage Combined with Auricular Acupressure for a Patient with Primary Dysmenorrhea (Cold Coagulation and Blood Stasis Syndrome): Postprint

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Abstract

This paper summarizes the nursing experience of applying auricular massage combined with auricular acupressure in a patient with primary dysmenorrhea. Guided by Traditional Chinese Medicine theory and based on symptom and pain assessment, the combined therapy of auricular massage and auricular acupressure was implemented. This approach effectively ameliorated the patient's dysmenorrhea symptoms and signs, thereby further improving the patient's quality of life and clinical nursing satisfaction.

Full Text

Preamble

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Title

Nursing Experience of Auricular Acupressure Combined with Auricular Point Pressing in Treating a Patient with Primary Dysmenorrhea (Cold Coagulation and Blood Stasis Pattern)

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Abstract

This paper summarizes the nursing experience of applying auricular acupressure combined with auricular point pressing in a patient with primary dysmenorrhea. Guided by Traditional Chinese Medicine (TCM) theory, the combined therapy was administered following comprehensive symptom and pain assessment. The treatment effectively improved the patient's dysmenorrhea symptoms and signs, thereby enhancing quality of life and clinical satisfaction with nursing care.

Keywords: auricular acupressure; auricular point pressing; cold coagulation and blood stasis pattern; primary dysmenorrhea; traditional Chinese medicine nursing

Introduction

Primary dysmenorrhea (PD) is a common and frequently occurring condition in gynecology, characterized by painful uterine contractions resulting from endometrial shedding. It manifests as lower abdominal pain and lumbosacral soreness occurring before or during menstruation. PD affects 50-90% of women worldwide, with over 50% experiencing moderate to severe pain. With increasing social competition pressure, negative emotions, and unhealthy lifestyle habits, the incidence of PD continues to rise.

Modern medical treatment primarily provides temporary pain relief without addressing the root cause. Traditional Chinese Medicine employs pattern differentiation and targeted treatment for dysmenorrhea, but patient compliance with oral herbal medicine is often poor. In recent years, more patients have begun to adopt external TCM therapies. The application of auricular acupressure combined with auricular point pressing for PD has gradually increased, making comprehensive understanding of its therapeutic effects and application prospects an important direction for clinical research. This article reports the nursing experience of treating one PD patient with cold coagulation and blood stasis pattern using this combined approach.

1. Clinical Data

The patient was a 25-year-old female clinical nurse who presented on February 3, 2022, with exacerbated lower abdominal pain during menstruation. Presenting symptoms included: cold pain in the abdomen alleviated by warmth and

aggravated by pressure, scanty menstrual flow with dark blood and clots, cold extremities with aversion to cold, fatigue, white tongue coating with petechiae, and a deep, thin, slow pulse. TCM diagnosis: dysmenorrhea (cold coagulation and blood stasis pattern). Western medicine diagnosis: primary dysmenorrhea. The patient had no significant past medical history and denied any food or drug allergies. Specialized examination revealed no obvious organic lesions.

Treatment with auricular acupressure combined with auricular point pressing was initiated on February 3, 2022, for three menstrual cycles. Following treatment, the patient's COX Menstrual Symptom Scale (CMSS) score decreased from 6 to 1, and Visual Analogue Scale (VAS) pain score decreased from 8 to 0. The patient's pain resolved, and symptoms of dysmenorrhea, cold extremities, aversion to cold, and fatigue improved.

2.1 Nursing Assessment

Based on clinical characteristics and diagnostic criteria for dysmenorrhea, we selected menstrual symptoms and pain intensity as evaluation indicators, using Visual Analogue Scale (VAS) and TCM pattern efficacy criteria for outcome determination. Symptom severity and duration were assessed using the revised Chinese version of the COX Menstrual Symptom Scale (CMSS), which includes 18 items scored on a 5-point scale based on severity and duration; higher scores indicate more severe condition. Pain assessment employed the VAS scoring method to evaluate subjective pain intensity on a 0-10 scale, with higher scores representing stronger pain. Overall treatment efficacy was evaluated according to the *Diagnostic and Therapeutic Efficacy Criteria for TCM Diseases and Patterns*: **Cured**: primary dysmenorrhea symptoms such as abdominal pain disappeared with no recurrence for 3 months; **Improved**: abdominal pain reduced or symptoms disappeared but could not be maintained for over 3 months; **Ineffective**: no improvement in abdominal pain symptoms with recurrence in the next menstrual cycle.

2.2.1 Auricular Acupressure Massage

Operational Method: First, assess the patient's auricular skin condition, pain tolerance, and willingness to cooperate before the procedure, and explain the operation methods and precautions. Instruct the patient to sit. Clean the auricle with 75% alcohol, apply massage oil to the hands, then use pressing, rubbing, kneading, twisting, pinching, pointing, and nipping techniques to massage the front, back, and auricular points.

Procedure Steps: **Step 1:** Massage the front and back of the ear for 30 seconds each. **Step 2:** Helix massage, also called macro-circulation massage, to enhance immunity. **Step 3:** Micro-circulation massage, from endocrine along

the ovary point, across the thoracic and abdominal regions of the antihelix to the sympathetic point, to unblock meridians and relieve dysmenorrhea symptoms. **Step 4:** Use pointing, kneading, and pinching techniques to perform focused massage on the triangular fossa for at least 1 minute to alleviate pain symptoms.

2.2.2 Auricular Point Pressing

Point Selection: Based on the patient's disease characteristics, select uterus, ovary, fallopian tube, Shenmen, endocrine, pituitary, liver, spleen, kidney, and internal genitalia points.

Point Application: Use a probe to press corresponding points on the auricle until the patient experiences positive reactions such as pain, numbness, distension, or soreness. Apply Vaccaria seeds to the corresponding points, press and knead to enhance stimulation.

2.2.3 Treatment Frequency

Instruct the patient to press 3 times daily for 3-5 minutes each session, starting 7 days before menstruation, with 5 days of application followed by 2 days of rest. One menstrual cycle constitutes one treatment course. Three courses of combined auricular acupressure and auricular point pressing therapy were administered.

Treatment Outcomes Summary

Baseline (Before Treatment):

CMSS Score: 6 | VAS Pain Score: 8 | Menstrual Characteristics: Dark red with clots

After Three Treatment Courses:

CMSS Score: 1 | VAS Pain Score: 0 | Menstrual Characteristics: Red, normal volume

2.4 Lifestyle Nursing

The patient received treatment for three months with monthly follow-up via WeChat, focusing on health guidance and education. Instructions included: maintain regular daily routines; pay attention to cold protection and warmth

according to seasonal changes; emphasize menstrual hygiene; avoid cold stimulation, rain exposure, strenuous exercise, or heavy physical labor during menstruation, and abstain from sexual activity if married; observe dietary precautions, consuming light, nutritious, warm, and easily digestible foods one week before and during menstruation, such as ginger, fennel, and pepper to warm meridians and dispel cold; avoid spicy, cold, and raw foods.

Discussion

Primary dysmenorrhea in TCM is primarily caused by external pathogenic factors, seven emotions damaging internally, qi stagnation and blood stasis, or liver-kidney deficiency with insufficient qi and blood in the uterine vessels. Before and after menstruation, the blood sea transitions from fullness to emptiness, making the body particularly vulnerable to external pathogenic invasion, which leads to cold congealing in the meridians, Governing Vessel obstruction, and blocked qi and blood in the uterus, resulting in pain. After menstruation, uterine qi and blood gradually recover and pain subsides, but the root cause remains unresolved. Cold-induced dysmenorrhea of cold coagulation and blood stasis pattern may result from cold evil invading the Governing Vessel, struggling with blood and causing disharmony of qi and blood. Exposure to wind-cold-damp evils during menstruation, excessive consumption of cold foods, rain exposure, emotional distress, and overexertion can all cause dysmenorrhea. Therefore, the main treatment principle for cold congealing and blood stasis dysmenorrhea is warming meridians, dispelling cold, activating blood, and removing stasis to relieve pain.

TCM treatment of dysmenorrhea dates back to the Han Dynasty, as described in the *Jin Gui Yao Lue* (Synopsis of the Golden Chamber): “For women with abnormal vaginal discharge and menstrual irregularity, lower abdominal fullness and pain, and menstruation occurring twice a month, treat with *Trichosanthes* root powder.” External pathogenic invasion, emotional disharmony, and improper diet can all cause menstrual abdominal pain. The *Zhu Bing Yuan Hou Lun* (Treatise on the Origins and Symptoms of Diseases) states: “When women experience abdominal pain during menstruation, it results from overexertion damaging qi and blood, leading to constitutional deficiency with wind-cold evil lodging in the uterine collaterals, damaging the thoroughfare and conception vessels, and affecting the hand greater yang and lesser yin meridians.” Liang Yunju et al. used auricular point pressing to treat primary dysmenorrhea using a point selection method combining disease location with organ pattern differentiation, which significantly improved treatment efficacy and pain relief compared to selecting points based solely on disease location. Compared with conventional Western medications such as ibuprofen and indomethacin, auricular point pressing demonstrates significant therapeutic advantages for primary dysmenorrhea.

This case employed front and back auricular massage. Both the front and back of the auricle are richly distributed with nerves and meridians; massage can regulate organs and unblock meridians. Furthermore, the front of the ear corresponds to yin and the back to yang; front and back massage can balance yin and yang. The subsequent macro-circulation massage (helix massage) corresponds to the skin and orifices of the whole body, similar to massaging the entire body. Micro-circulation massage (antihelix massage) corresponds to the Governing Vessel of the human body, which intersects with all yang meridians and serves as the “governor of yang vessels.” When yang qi penetrates the skin and interstices, qi and blood become harmonious, yin and yang balanced, and the body warmed. Therefore, massaging the antihelix is equivalent to massaging the Governing Vessel, achieving the goal of relieving dysmenorrhea. Finally, massage of the triangular fossa, corresponding to the uterus as a key targeted stimulation, has the effects of warming yang, dispelling cold, unblocking meridians, and relieving pain. Most importantly, manual massage of the entire ear can mobilize qi and blood in both ears and also serves to “open the points” for subsequent auricular point pressing.

Auricular point selection must consider and analyze multiple factors in disease development. From a physiological perspective, points corresponding to uterus, ovary, fallopian tube, endocrine, pituitary, and internal genitalia are selected. According to TCM pattern differentiation: the liver stores blood, the spleen governs blood, and the kidney strengthens yang. Shenmen has analgesic and sedative effects and is an essential point for pain relief. Combined use of endocrine and internal genitalia points regulates the thoroughfare and conception vessels, activates blood, removes stasis, and regulates menstruation to relieve pain. The liver governs emotional regulation and qi movement, with effects of soothing liver qi, unblocking meridians, and relieving pain.

During the national 14th Five-Year Plan period, strong support has been provided for developing TCM nursing, with the concept of “adhering to equal emphasis on Chinese and Western medicine, inheriting and developing TCM, and providing comprehensive, full-cycle health services for the people.” The application of auricular acupressure combined with auricular point pressing for primary dysmenorrhea represents a beneficial attempt at clinical application of characteristic TCM techniques. In this case, the patient experienced effective improvement in pain, nausea, vomiting, and other symptoms, with enhanced comfort and nursing satisfaction. However, current clinical studies on auricular therapy for primary dysmenorrhea have relatively small sample sizes and require further validation.

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